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PTO/SB/87 (09-04)

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U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Application No. (if known): 10/600,524

Attorney Docket No.: 0941-0759P

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Certificate of Transmission (1 page)

Amendment Transmittal (1 page)

Petition for Extension of Time (1 page)

Fee Transmittal (2 pages)

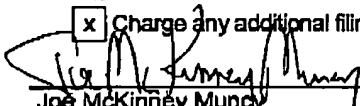
Amendment (27 pages)

Substitute Specification (20 pages)

Marked-Up Substitute Specification (20 pages)

72 pages total

JUL 22 2005

<b>AMENDMENT TRANSMITTAL LETTER</b>			Docket No. 0941-0759P		
Application No. 10/600,524-Conf. #008633	Filing Date June 23, 2003	Examiner F. Abraham	Art Unit 2826		
Applicant(s): MING-DOU KER et al.					
Invention: DEVICES WITHOUT CURRENT CROWDING EFFECT AT THE FINGER'S ENDS					
<b>MS Amendment</b> Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>	93	- 103 =		x	
<b>Independent Claims</b>	10	- 11 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within first month					120.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>120.00</b>
<input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span> <input type="checkbox"/> No additional fee is required for this amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>02-2448</u> in the amount of \$ <u>120.00</u> . A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Joe McKinney Mundy Attorney Reg. No.: 32,334				Dated: <u>July 22, 2005</u>	
BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Rd Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8026					

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CAPITAL INVENTOR  
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PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032  
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<p>Effective on 12/03/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <p><b>FEE TRANSMITTAL</b> <b>For FY 2005</b></p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p><b>Complete if Known</b></p> <p>Application Number 10/600,524-Conf. #008633</p> <p>Filing Date June 23, 2003</p> <p>First Named Inventor Ming-Dou Ker</p> <p>Examiner Name F. Abraham</p> <p>Art Unit 2826</p> <p>Attorney Docket No. 0941-0759P</p>	
TOTAL AMOUNT OF PAYMENT (\$)		120.00	

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
93	- 103	x	=			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
10	- 11	x	=			

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/50 (round up to a whole number) x	=	

## 4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1251 Extension for response within first month	120.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	32,334
Name (Print/Type)	Joe McKinney Muncy	Telephone	(703) 205-8026
		Date	July 22, 2005

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PTO/SB/17 (12-04v2)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4518). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b> Application Number 10/600,524-Conf. #008633 Filing Date June 23, 2003 First Named Inventor Ming-Dou Ker Examiner Name F. Abraham Art Unit 2826 Attorney Docket No. 0941-0759P	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 120.00			

**METHOD OF PAYMENT** (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify):
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

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- 100 =	/50	(round up to a whole number) x	=	

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Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1251 Extension for response within first month

Fees Paid (\$)

120.00

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	32,334
Name (Print/Type)	Joe McKinney Muncy	Telephone	(703) 205-8026
		Date	July 22, 2005